Austin Area Comprehensive HIV Planning Council Comprehensive Planning Committee Meeting Minutes August 16, 2016

Charge: Ensures the orderly and integrated and progression of work of the committees of the Ryan White Planning Council. Plans future activities.

MEMBERS PRESENT

Justin Smith Mark Erwin Aubrey Bragila Nicole Evans Glenn Crawford

AACHPC STAFF PRESENT

Crystal Flores, Program Manager Dwight Scales, Administrative Assistant

ADMINISTRATIVE AGENT STAFF PRESENT

Brenda Mendiola

Quality Management Coordinator Administrative Agent

OTHERS PRESENT

Emma Sinnott

- I. Call to Order: AACHPC Vice-Chair, Justin Smith at 6:06pm
- II. Certification of Quorum: Quorum was established and certified by Chair, Justin Smith
- **III. Introductions/Announcements:** none

IV. Approval of July 12, 2016 Meeting Minutes:

Justin Smith motioned the minutes be approved as submitted

V. Integrated HIV Prevention & Care Plan Draft review:

Program Manager, Crystal Flores discussed and made edits with the council to the Draft HIV Prevention & Care Plan Overview. The committee reviewed:

- 1. The content was appropriate for readers
- 2. Word choices are effective and proper transitions are used
- 3. Proper usage of grammar
- 4. Document is formatted properly.
- 5. Consideration of consumers' needs and concerns are addressed
- Goal 1: Reducing New HIV Infections
 - Objective 1: Reduce new diagnoses by 25 percent (from 300 to 225) by 2021.
 - Strategy 1: Provide easily accessible, appropriate, scientifically accurate information about HIV risks, prevention, and transmission to high-risk populations

- Strategy 2: Provide easily accessible, scientifically accurate information about area HIV trends to community providers and policymakers to inform the delivery of prevention services.
- Strategy 3: Expand local capacity and infrastructure for prevention services.
- Objective 2: Reduce late-stage diagnosis (AIDS defining CD4 within 12 months of initial diagnosis by 25% (from 72 to 54) by 2021.
 - Strategy 1: Tackle misperceptions, stigma and discrimination to break down barriers to HIV testing.
 - Strategy 2: Support universal sexual health education and routine opt-out screenings in medical settings.
 - Strategy 3: Coordinate with community providers to promote awareness of and linkage to supportive services and increase testing efforts.
- Goal 2: Increase access to care and improving health outcomes for people living with HIV
 - Objective 1: Increase the percentage of newly diagnosed persons linked* to HIV medical care within one month of diagnosis from 85 percent to at least (90) percent by 2021.
 - Strategy 1: Improve coordination, communication, and alignment between (1) testing/ prevention providers and (2) HIV medical-service providers.
 - Strategy 2: Increase awareness and access to HIV-related support services available in the community upon HIV diagnosis.
 - Strategy 3: Increase access to providers of clinical care for people living with
 - Objective 2: Increase the percentage of PLWHA WHO are retained in HIV medical care from 79 percent to at least (85) percent HIV.
 - Strategy 1: Strengthen a comprehensive, patient-centered approach to HIV care that addresses HIV-related co-occurring conditions and chronic disease management.
 - Strategy 2: Increase access to housing, behavioral health services, and other support services for people living with HIV.
 - Strategy 3: Support medical adherence education

I. Meeting Adjourned at 8:13pm

NEXT SCHEDULED MEETING
Austin Energy Green Building
721 Barton Springs Road
Austin, TX 78704
Conference Room 130
Tuesday, September 13, 2016
6:00 P.M.